

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90005 011 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34440

1. Corporation Name
FAMLICO, INC.

Principal Place of Business

**3700 S STONEBRIDGE DR
MCKINNEY TX 75070
US**

Mailing Address

**P.O. BOX 8080
MCKINNEY TX 75070
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1991

4. FEI Number

75-2379399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3900 BURGESS PLACE**

22 City & State

27 City & State
BETHLEHEM, PA

23 Zip

25 Country

28 Zip

30 Country

18017

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HUDSON, C B**
STREET ADDRESS **2909 N BUCKNER BLVD**
CITY-ST-ZIP **DALLAS TX**

1.1 TITLE **PCEO** ☐ Change ☒ Addition
1.2 NAME **HUTCHINGS, PETER**
1.3 STREET ADDRESS **7 HANOVER SQUARE**
1.4 CITY-ST-ZIP **NY, NY 10004-2616**

TITLE **VP** ☒ DELETE
NAME **GAISBAUER, MICHAEL**
STREET ADDRESS **2909 N. BUCKNER BLVD.**
CITY-ST-ZIP **DALLAS TE**

2.1 TITLE **EVCE** ☐ Change ☒ Addition
2.2 NAME **JONES, FRANK**
2.3 STREET ADDRESS **7 HANOVER SQUARE**
2.4 CITY-ST-ZIP **NY, NY 10004-2616**

TITLE **S** ☒ DELETE
NAME **HUTCHISON, LARRY**
STREET ADDRESS **2909 NORTH BUCKNER BLVD**
CITY-ST-ZIP **DALLAS TX**

3.1 TITLE **VPR** ☐ Change ☒ Addition
3.2 NAME **STARR, JEREMY**
3.3 STREET ADDRESS **7 HANOVER SQUARE**
3.4 CITY-ST-ZIP **NY, NY 10004-2616**

TITLE **T** ☒ DELETE
NAME **COLEMAN, GARY**
STREET ADDRESS **2909 NORTH BUCKNER BLVD**
CITY-ST-ZIP **DALLAS TX**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **DEPALO, ARMAND**
4.3 STREET ADDRESS **7 HANOVER SQUARE**
4.4 CITY-ST-ZIP **NY, NY 10004-2616**

TITLE **D** ☒ DELETE
NAME **BRILL, TONY**
STREET ADDRESS **3700 S STONEBRIDGE DR**
CITY-ST-ZIP **MCKINNEY TX 75070**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **KANE, EDWARD**
5.3 STREET ADDRESS **7 HANOVER SQUARE**
5.4 CITY-ST-ZIP **NY, NY 10004-2616**

TITLE **D** ☒ DELETE
NAME **HUTCHISON, LARRY**
STREET ADDRESS **3700 S STONEBRIDGE DR**
CITY-ST-ZIP **MCKINNEY TX 75070**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **SARGENT, JOSEPH**
6.3 STREET ADDRESS **8 HANOVER SQUARE**
6.4 CITY-ST-ZIP **NY, NY 10004-2616**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature **SIGNATURE REQUIRED: D Padavano**

8/9/99

212-598-8924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0120324

FAMLICO, INC.

TIN #75-2379399

LIST OF OFFICERS & DIRECTORS

1999

FIRST	MIDDLE	LAST	OFFICER	DIRECTOR	TITLE	MAILING ADDRESS
Joseph	Anthony	Caruso	X		VICE PRESIDENT & CORPORATE SECRETARY	New York, NY 10004-2616
John	Patrick	Cifu	X		VICE PRESIDENT & CONTROLLER	New York, NY 10004-2616
Rodolfo	Esteban	Fidelino	X		VICE PRESIDENT & CHIEF MEDICAL OFFICER	New York, NY 10004-2616
Alexander	McDonald	Grant, Jr.	X		SECOND VICE PRESIDENT, FIXED INCOME SECURITIES	New York, NY 10004-2616
Earl	Carlton	Harry	X		TREASURER	New York, NY 10004-2616
Raymond	Joseph	Henry	X		SECOND VICE PRESIDENT, FIXED INCOME SECURITIES	New York, NY 10004-2616
John	Robert	Hurley	X		VICE PRESIDENT, GOVERNMENT RELATIONS	New York, NY 10004-2616
Peter	Joseph	Manzo	X		ASSISTANT VICE PRESIDENT, ASSISTANT CORPORATE SECRETARY & LIFE UNDERWRITER	New York, NY 10004-2616
Benjamin	Hood	Mitchell	X		ACTUARY	New York, NY 10004-2616
John	Bernard	Murphy	X		VICE PRESIDENT, EQUITY SECURITIES	New York, NY 10004-2616
Karen	Louise	Olvany	X		ASSISTANT CORPORATE SECRETARY	New York, NY 10004-2616
Alphonsus	Lawrence	Padavano	X		ASSISTANT CONTROLLER	New York, NY 10004-2616
Stuart	John	Shaw	X		ASSISTANT VICE PRESIDENT	New York, NY 10004-2616
Debra	Ruth	Smith	X		VICE PRESIDENT & COUNSEL	New York, NY 10004-2616
Thomas	George	Sorell	X		VICE PRESIDENT, FIXED INCOME SECURITIES	New York, NY 10004-2616

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